



**METRO PARKS
AND RECREATION**

2013 Junior Lifeguard Camp

Mission

Metro Parks Aquatics - Junior Lifeguard Camp - is committed to teaching the fundamentals of water safety, CPR, first aid and environmental awareness in a physically active and fun filled week of activities. The Junior Lifeguard Campers will learn from and sometimes alongside current Metro Parks Lifeguards gaining a true sense of the role, responsibilities and reward of today's lifesavers.

Session

Monday, July 8 – Friday, July 12

Daily Schedule – Drop Off*: 8:15am – 8:30am / Pick Up*: 2:15pm – 2:30pm

*Drop Off and Pick Up take place at the Mary T Meagher Aquatic Center, 201 Reservoir Ave., Louisville, KY 40206.

Eligibility

Metro Parks follows the recommendations of the American Red Cross in offering the camp to participants from the ages of 12 to 15.

Every camper should be able to swim 50 meters continuously and be confident in their swimming abilities.

Uniforms

Campers will receive a Metro Parks Junior Lifeguard T-shirt included in their registration fee that should be worn for each day of the camp. Extra shirts may be purchased for \$15 per shirt.

Registration Fee & Paperwork

One session of the camp is \$100 per applicant.

[Each additional family members is \$85.]

To register, please fill out the registration materials and return them to the mailing address below.

A complete registration application will include the following:

One Metro Parks JG Student Application per applicant

One Liability Release Form per applicant

One Registration & Payment Form per family

Mailing Address: Metro Parks – Junior Lifeguard Camp
201 Reservoir Ave.
Louisville, KY 40206

For More Information

Metro Parks Junior Lifeguard Administrator Keith Smith:

Email: keith.smith@louisvilleky.gov / Phone: (502) 744-0556



JUNIOR LIFEGUARD CAMP APPLICATION

**Metro Parks Junior Lifeguards
201 Reservoir Ave.
Louisville, KY 40206**

Applicant Name _____
Last First Middle

Address _____

Email Address: _____

Gender Male _____ Female _____ Date of Birth ____/____/____ Age _____

Day Time Phone Number _____ Evening Phone Number _____

School _____

How did you hear about our program? _____

EMERGENCY CONTACTS

Mother's Name _____ Phone 1 () _____ Phone 2 () _____

Father's Name _____ Phone 1 () _____ Phone 2 () _____

If you can not be reached in an emergency, contact:

Name/Relationship _____ Phone () _____

Name Relationship _____ Phone () _____

Physician _____ Phone () _____

List any restrictions to medical treatment _____

Allergies to food or drugs: Yes _____ No _____ If yes, explain: _____

Last Tetanus Diphtheria Booster _____

Special medications, pertinent information or special instructions _____

The completed waiver must accompany this application along with a check for the total fee made payable to the Metro Parks.



METRO PARKS AND RECREATION

RELEASE FROM LIABILITY

In consideration of the acceptance of my child's application, as a participant in the Junior Lifeguard Program, I hereby agree to assume all risks attendant upon my child while participating in the Junior Lifeguard program. I hereby waive, release, and discharge any and all claims for damage for death, personal injury or property damage which my child may have, or which may hereafter accrue to my child, as a result of my child's participation in the Junior Lifeguard Program. I agree to save and hold harmless from liability the Metro Parks and/or any of their agents, volunteers, or employees by reason of accident, death, injury, or damages to persons or property which my child may suffer while participating in the Junior Lifeguard Program. This release is intended to discharge in advance Metro Parks, and/or any of their agents, volunteers, or employees by reason of any accident, death, injury, or damages to persons or property which my child may suffer from and against any and all liability arising out of or connected in any way with my child's participation in the Junior Lifeguard Program, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents or death can occur during aquatic activities; and that participants in aquatic activities occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risk of aquatic activities (swimming, lifesaving, canoeing, and the like) nevertheless, I hereby agree to assume on behalf of my child those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to my child (or my child's heirs or assigns) for damages.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on the heirs and assigns of my child. I agree to assume all responsibility for any property damage or injury to any person caused by my child while participating in the Junior Lifeguard Program.

VIDEO-PHOTO RELEASE

I understand that during the Junior Lifeguard program or related activities, my photograph and/or the photograph of my child may be taken by the Junior Lifeguard Program producers, sponsors, organizer, and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child may be used without charge by the Metro Parks its producers, sponsors, organizers, and/or its assigns for educational, promotional, and/or other necessary purposes.

AUTHORIZATION TO TREAT A MINOR

I, the parent or legal guardian of the child referred to herein, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of KY Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities (swimming, lifesaving, canoeing, and the like) and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I can not be reached. This authorization is given pursuant to the provisions of the KY Civil Code. This consent shall remain in effect until the end of the Junior Lifeguard Program session in which my child is enrolled.

JUNIOR LIFEGUARD REFUND POLICY

There is a \$50.00 fee for cancellation made prior to the first day of instruction. After the second day, no refunds will be made.

PLEASE INITIAL BELOW:

_____ I certify that my child is physically fit to participate in the Junior Lifeguard Program this summer

_____ **UNIFORMS:** I understand that my child is encouraged to wear the program T-shirt.

_____ I have read, understand, and approve the **RELEASE FROM LIABILITY** and the **VIDEO-PHOTO RELEASE**.

_____ I have read, understand, and approve the **AUTHORIZATION TO TREAT A MINOR**.

_____ I have read, understand, and accept the provisions of the Junior Lifeguard Program's **REFUND POLICY**.

_____ I understand that if I do not initial to approve the **RELEASE FROM LIABILITY** and the **AUTHORIZATION TO TREAT A MINOR** and if I refuse to sign this document, the Junior Lifeguard Program will not be able to process my child's application.

Applicant Name _____ Birth Date _____

Signature of Parent or Legal Guardian _____ Date _____



		Student #1	Student #2	Student #3
	First Name (required)			
	Last Name (required)			
	T-Shirt size (required)	Adult: S M L XL	Adult: S M L XL	Adult: S M L XL
Registration Please check the appropriate box for each student		Youth: S M L	Youth: S M L	Youth: S M L
Session (M-F): July 8 – July 12				
	Quantity	(Youth/Adult)	Quantity	(Youth/Adult)
Extra T-shirt (\$15)		S M L XL		S M L XL
Fees	Price	Quantity	Item Total	
Registration Fee (per session)	\$100 x			
Additional family member	\$85 x			
Extra T-shirts (1 is included with registration per applicant)	\$15 x			
	Total \$			

(Note: Partial Payments are not accepted, the complete order must be paid in full)

To be completed by Junior Lifeguard Staff					
Check # /Cash	Receipt #	Amount Paid	Amount Due	Date	Staff Member